

Division of Health Care Facilities

PRINTED: 03/21/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 03/18/2013
NAME OF PROVIDER OR SUPPLIER CENTER ON AGING AND HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 880 SOUTH MOHAWK DRIVE ERWIN, TN 37650		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure janitor closets were maintained at a negative air pressure. The findings include: Observation and interview with the Housekeeping Supervisor, on March 18, 2013 at 7:50 p.m. confirmed the west janitors closet exhaust was not working. This finding was verified by the Housekeeping Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2013.</p>	N 848			
N1410	<p>1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions</p>	N1410	<p>N1410 1200-8-6- 14(2)(a)5 (iii) DISASTER PREPAREDNESS</p> <p>1) Reviewed the Disaster Plan for Tornado/ Earthquake with the Safety Director and revealed the in-service was provided to staff, but failed to conduct annual Tornado/Earthquake Drills. (See In-Service Log of staff attending)</p> <p>2) Will ensure that annual Tornado/Earthquake drills are conducted and will continue Disaster Plan Education by the Safety Director.</p>		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE

(X6) DATE

6899

JVCX21

If continuation sheet 1 of 2

No. 0669 P. 24

May. 16. 2013 12:31PM coah

Division of Health Care Facilities

PRINTED: 03/21/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8803	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 03/18/2013
NAME OF PROVIDER OR SUPPLIER CENTER ON AGING AND HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 880 SOUTH MOHAWK DRIVE ERWIN, TN 37650		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1410	<p>Continued From page 1</p> <p>and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Evacuation procedures.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure a Tornado and Earthquake drills were exercised annually. The findings include: Interview and record review with the Administrator on March 18, 2013 at 9:15 p.m. confirmed the facility failed to perform tornado and Earthquake drills annually. There was no documentation to indicate a Tornado and Earthquake drills or in-service training was conducted in the past. This finding was verified by the Housekeeping Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2013.</p>	N1410	<p>To be in compliance by 5/5/13.</p> <p>3) The Safety Director will add annual drills for Tornado/Earthquake Log to ensure compliance is achieved.</p> <p>4) Compliance will be reported quarterly to the QA Committee for a period of one year. QA consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Quality Assurance Nurse, Safety Director and Department Heads.</p>	6/1/13

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No. 0669 P. 25

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